

DEADLINE:

Please return application &
supplemental questionnaire in
person or by U. S. Mail with
a postmark on or before:

**4:30 PM
FRIDAY
MAY 7, 2004**

City-County Employment Office

Your Telephone # _____ E-mail _____ Date _____

SENIOR OFFICE ASSISTANT

Health/Community Health Services

Req. #17059

SUPPLEMENTAL QUESTIONNAIRE

Name _____ Social Security # _____

*Please allow 2 weeks from the closing date of this position before expecting
to receive notice (one way or another) with regards to an interview.*

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1. Do you have experience working in an office setting? YES ____ NO ____ If yes, list employer(s), job title and how long you performed these duties:

<u>Employer</u>	<u>Job Title</u>	<u>How Long</u>
_____	_____	____yrs ____mos
_____	_____	____yrs ____mos
_____	_____	____yrs ____mos

TOTAL YRS/MOS CLERICAL EXPERIENCE: ____YRS__MOS

(CONTINUED ON REVERSE)

2. List the courses that you have completed OR are presently taking in the office/clerical field?

3. Please indicate the types of office equipment you have operated.

4. Do you have experience maintaining records? YES ____ NO ____ If yes, list types. DO NOT LIST FILING SYSTEMS

5. Indicate if you have experience in the following? If yes, check all applicable and indicate where you acquired this experience.

	<u>Employer(s)</u>	<u>Training Only</u>	<u>Occasional</u>	<u>Daily</u>
WordPerfect				
Microsoft Word				
Microsoft Excel				
Microsoft Access				
Internet				
Page Maker				
Harvard Graphics				
Microsoft Publishing				
Other(s):	/			
	/			

(CONTINUED ON NEXT PAGE)

6. Do you have experience using various filing systems? YES ____ NO ____ If yes, below, ("X") all applicable: List employer(s) from your application.

	<u>Occasional</u>	<u>Daily Basis</u>	<u>Employer(s)</u>
Alphabetical	_____	_____	_____
Numerical	_____	_____	_____
Chronological	_____	_____	_____
Subject	_____	_____	_____
Color	_____	_____	_____

7. Do you have experience compiling reports? YES ____ NO ____ If yes, indicate the types of reports and your involvement in their completion.

<u>Types</u>	<u>Involvement</u> (i.e., collect data, compile, type)
_____	_____
_____	_____
_____	_____

8. Do you have public contact experience? YES ____ NO ____ If yes, list employer(s) and describe your experience (i.e., phones/walk-ins).

Employer: _____ Employer: _____

Experience _____

9. What kinds of typing experience have you had (i.e., statistical, forms, copy from draft, dictating equip., etc.)?

(CONTINUED ON REVERSE)

10. Do you have data entry experience? YES ____ NO ____

Training

Employer(s)

Only

Occasional

Daily

11. **This job requires a standard typing test and must be taken ON or BEFORE the closing date of this position.** The scores from the standard typing tests administered by The City of Lincoln/Lancaster County Personnel Employment Office are kept on file for TWELVE (12) months. Any typing scores over 12 months old are considered INVALID and a new test is then required. Typing test scores are also accepted from Workforce Development and State Personnel (must have an appointment at these 2 locations). The typing test may also be taken at City/County Personnel Employment between the hours of 8am-4pm., Monday thru Friday (with no appointment necessary).

If you live outside the Lincoln area, you may take the standard typing test at any nearby Workforce Development/or local State Job Service Office. Include a copy of your results (which provides the DATE the test was taken), signed by the person who administered the test, along with your completed application and supplemental questionnaire. If a Nebraska Workforce Development/Job Service office is inaccessible to you, please phone our office (402-441-7597) to make alternative arrangements.

NOTE: FAILURE TO TAKE THE STANDARD TYPING TEST *BY THE CLOSING DATE* WILL BE CAUSE FOR REJECTION BASED ON ENTRY REQUIREMENTS OF THIS POSITION. _____ (Please initial)

- A) Have you taken a typing test with any of the organizations listed below within the last 12 months? YES ____ NO ____ (If "YES", please indicate below.)

YES

Date Taken

City of Lincoln/Lancaster County _____

Workforce Development _____

State Personnel _____

*****Must type 40 net wpm. (after errors)*****

Please notify the receptionist if you have not taken a standard typing test.

(CONTINUED ON NEXT PAGE)

12. Indicate ("X") if you have experience in the following:
- | | <u>Read</u> | <u>Speak</u> |
|-------------------------------------|-------------|--------------|
| A) Are you fluent in Spanish? | _____ | _____ |
| B) Are you fluent in Vietnamese? | _____ | _____ |
| C) Are you fluent in American Sign? | _____ | _____ |
| D) Other languages (List) _____ | _____ | _____ |
| _____ | _____ | _____ |

13. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information:

(Please initial)

Last Name

First Name

Middle Name

Birth date

Sex

Maiden Name (if applicable)

IMPORTANT – PLEASE NOTE POLICY BELOW:

I understand that **ALL** convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “*set aside*”, “*probationed*” or “*pardoned*”, **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

14. Have you listed on the application form ALL jobs and education described on this questionnaire? (Ask for additional Employment Record Sheets if necessary.)

YES ____ NO ____

NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.